

North Carolina Department of Transportation

Roadway Technician's Daily Paving Operation Evaluation Form

Date: 1Type Mix: 3Contractor: 2Project No: 4

	CIRCLE	REMARKS / COMMENTS
1. Is tack being applied uniformly? Verify proper rate? Application Temp?	Yes No <u>5</u>	
2. Is stringline being placed for alignment?	Yes No	
3. Are haul trucks raising bed before releasing gate?	Yes No	
4. Are trucks cleaning out in front of paver?	Yes No	
5. Is paver engaging truck - not trucks bumping paver?	Yes No	
6. Is paver folding hopper wing only when the hopper is relatively full?	Yes No	
7. Is hopper remaining 1/3 full?	Yes No	
8. Is paving at consistent speed to match delivery rate?	Yes No	
9. Is head of material kept level w/ auger shaft (+/- 1")?	Yes No	
10. Is segregation observed in delivery and placement of material?	Yes No	
11. Are automatic controls used properly to provide grade and cross-slope?	Yes No	
12. Is smoothness and texture of mat acceptable?	Yes No	
13. Is mat thickness appropriate for type mix (3:1 ratio minimum)?	Yes No	
14. Is overlap on longitudinal joint adequate and straight?	Yes No	
15. Rolling pattern: Are rollers going slow, mat temp. being considered?	Yes No	
16. Paving equipment working properly? Any leaks?	Yes No	
17. Compaction method? Core, nuclear, or non-nuclear?	Yes No	
18. Is MTV being used on this Map?	Yes No	
19. Does this map have Warm Mix? What technology?	Yes No	

Plans for tomorrow (or next work day) to address any problems encountered today:

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QA Roadway Technician Name and HiCAMS No.

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Signature

Note: It is suggested that the Contractor's representative initial or acknowledge items were reviewed together.

White - Resident Engineer
Pink - Contractor Personnel
Gold - Materials & Tests Unit

QA/QC-8

DAILY PAVING OPERATION EVALUATION FORM

GENERAL NOTE: This form to be used to evaluate general daily paving operations and assist with communications between Department and Contractor Roadway personnel in addressing any items that may need more attention or correction in the following days' paving operations.

1. Date mix was placed.
2. Contractor placing asphalt mix.
3. Mix Type being placed.
4. Project asphalt mix is being placed.
5. Individual paving operation items evaluated today.
6. Comment section to note any corrections involving above items. Should also be used to note any other changes not listed above to be performed to improve asphalt laydown operations.
7. Name of Departments Certified Roadway Technician and HiCAMS Number (printed).
8. Signature of Departments Certified Roadway Technician.